

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket No.	02-CT-239/DP
		First Named Inventor	Antonino SCHILLACI
<b>COMPLETE IF KNOWN</b>			
		Application Number	10/677,108
<input type="checkbox"/> Declaration Submitted with Initial Filing <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing-- surcharge 37 CFR 1.16(e) required</span>	Filing Date	September 30, 2003	
	Group Art Unit		
	Examiner Name		

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HIGH PERFORMANCE, INTEGRATED, MOS-TYPE SEMICONDUCTOR DEVICE  
AND RELATED MANUFACTURING PROCESS**

the specification of which

is attached hereto

OR

was filed on  
(MM/DD/YYYY)

09/30/2003

as U.S. Application No. or  
PCT International Application No.

10/677,108

and was amended on  
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
02425611.7	EP	10/09/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s)      Filing Date (MM/DD/YYYY)

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)

Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number 25235      Place bar code label here 00  
OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

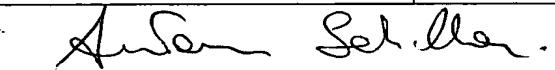
Direct all correspondence to:  Customer Number      OR  Correspondence  
or Bar Code Label      address below

Name	William J. Kubida, Esq.					
Address	Hogan & Hartson					
Address	1200 17 <sup>th</sup> Street, Suite 1500					
City	Denver	State	CO	ZIP	80202	
Country	USA	Telephone	(303) 454-2454			Fax (303) 899-7333

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])		Family Name or Surname		
Antonino		SCHILLACI		

Inventor's Signature					Date October 14, 2003
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Residence City	MESSINA	State	Italy	Country	IT	Citizenship	Italian
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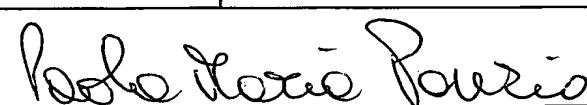
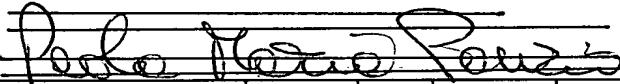
Post Office Address	Via Marchetta, 28						
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Post Office Address							
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City	MESSINA	State	Italy	ZIP	98125	Country	Italy
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Additional inventors are named on 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:		0 A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Paola		PONZIO					
Inventor's Signature						Date	October 14, 2003
Residence: City	XXXXXX Catania	State	Italy	Country	IT	Citizenship	Italian
Post Office Address	Via Livorno 18						
Post Office Address							
City	XXXXXX Catania	State	Italy	ZIP	95127	Country	Italy
Name of Additional Joint Inventor, if any:		0 A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		0 A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

**DECLARATION****REGISTERED PRACTITIONER  
INFORMATION  
Supplemental Sheet**

William J. Kubida, Reg. No. 29,664; Stuart T. Langley, Reg. No. 33,940; Matthew Bailey, Reg. No. 33,829; Carol W. Burton, Reg. No. 35,465; Celine Crowson, Reg. No. 40,357; Alfred A. D'Andrea, Jr., Reg. No. 27,752; Matthew G. Dyor, Reg. No. 45,278; Wei-Fu Hsu, Reg. No. 45,723; Stefan Kirchanski, Reg. No. 36,568; David Lubitz, Reg. No. 38,229; Stuart Lubitz, Reg. No. 20,680; Louis A. Mok, Reg. No. 22,585; Sarah S. O'Rourke, Reg. No. 41,226; Steven C. Petersen, Reg. No. 36,238; John P. Scherlacher, Reg. No. 23,009; William H. Wright, Reg. No. 36,312; Wei-Ning Yang, Reg. No. 38,690; Kent A. Lembke, Reg. No. 44,866; Michael Thesz, Reg. No. 40,354; Naomi Voegtli, Reg. No. 44,371; Ray Aust, Reg. No. 39,590; Michael L. Crapenhoft, Reg. No. 37,115; Ajit Vaidya, Reg. No. 43,214; Sterlon Mason, Reg. No. 41,179; Kevin Shaw, Reg. No. 43,110; and Lawrence McClure, Reg. No. 44,228.